



## VOCERA PRINCE ALBERT & AREA ACCOUNT REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446 if you are unclear about any fields below.
- ▶ The Service Desk will complete the request within two days from receiving the request.

**Return to:** Fax Number: 306-781-8480

Email: [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca)

### User Information

Type of request (check one):                      New user                      Change in user type                      Remove

<b>First Name:</b>		<b>Last Name:</b>	
Work Phone #:		Working Title:	
Email Address:		Facility Name:	

### Vocera Groups Requested

NIC U	NIC U CA	NIC U Charge Nurse
NIC U Dietician	NIC U Educator	NIC U Lactation Consultant
NIC U Manager	NIC U Nurse	NIC U Reception
NIC U RT		

### Notes

### Authorized Approver's Information

Name: \_\_\_\_\_ (please print)                      \_\_\_\_\_ Work Phone Number

Signature: \_\_\_\_\_                      \_\_\_\_\_ Date (YY/MM/DD)

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446  
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>